

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 10 1962 STANDARD CERTIFICATE OF DEATH

62-022283
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marceline</u>		c. LENGTH OF STAY (In this place) <u>0210</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marceline</u>		<u>0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. 2</u>				d. STREET ADDRESS <u>R.F.D. 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOE</u>		b. (Middle) _____		c. (Last) <u>NICO</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>3</u> (Year) <u>1962</u>	
5. SEX <u>0 M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1 married</u>	8. DATE OF BIRTH <u>April 7, 1891</u>		9. AGE (In years last birthday) <u>71</u> <u>2</u> <u>26</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Isperia, Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Sy Lester</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bergerine</u>		14. NAME OF HUSBAND OR WIFE <u>Anna</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Anna Nico Marceline MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hanged Himself With Rope</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>974X</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about house, farm, factory, street, office bldg., etc.) <u>Marceline farm</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Chariton</u> <u>MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 3 - 1962 7:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hanged him self</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. D. Gauntt</u>				23b. ADDRESS <u>Chariton, Mo</u>		23c. DATE SIGNED <u>7-3-62</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>7-6-62</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Int. Oliver</u>		24d. LOCATION (City, town, or county) (State) <u>Marceline MO</u>	
DATE REC'D BY LOCAL REG. <u>July 8 1962</u>		REGISTRAR'S SIGNATURE <u>Glenn Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James M. Laughlin Marceline</u>			

(Licensed Embalmer's Statement on Reverse Side)

0210

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.